

CONDOMINIUM ASSOCIATION INFORMATION UPDATE FORM

All information provided is public information. Changes are to be made by an officer of the condominium association. Please use a typewriter or print legibly in black ink.

Submit completed form to: DCCA – P&VLD
Real Estate Commission
335 Merchant Street, Room 333
Honolulu, HI 96813

NOTED
REAL ESTATE COMMISSION

#4635

Name of Condominium Association: Fairway Villas at Waikoloa Beach Resort 16 Registration #: 4635

The information provided on this form is current as of October 1, 2016 and replaces the information previously provided to the Real Estate Commission ("Commission").

OFFICE
STATE OF HAWAII

Please indicate the change being reported:

☒ Names and positions of the officers of the association (President, Secretary and Treasurer required):

Andre Hassid, PRESIDENT

Karen Keller, VICE-PRESIDENT

Patricia Collier, SECRETARY

Bill Tirrell, TREASURER

☒ Designated officer of the association who can be contacted directly:

Name: Andre Hassid

Title: President

Officers Public Address: 670 AUGUSTA DR, MORAGA, CA 94556-1006

Email Address: andrehassid@yahoo.com

Telephone Number: 925-376-7417

☐ Management status: (Check ONE only and fill in corresponding information)

☐ Self-managed by the Association of Unit Owners (AOUO)

Name of Manager: _____

Title: _____

Address: _____

Email Address: _____ Telephone Number: _____

☒ Managed by Condominium Managing Agent

Name: Pacifica Realty Management, Inc.

RB License Number: RB-19707

Contact Person: Anthony Gand

Title: Account Executive

Address: 75-1029 HENRY ST STE 202, KAILUA-KONA, HI 96740-1666

Email Address: anthony@pacific-hawaii.com

Telephone Number: 808-327-5303

☐ Contact designation (individual) to receive all AOUO correspondence (except bulletins) and telephone calls from the Commission: (if different from above)

Name of Manager: _____

Title: _____

Address: _____

Email Address: _____ Telephone Number: _____

☐ Individual responsible for policy to provide reasonable access to persons authorized to serve civil process:

Name: _____ Telephone No.: _____

Title: _____

Alternate Name: _____ Telephone No.: _____

Title: _____

I certify that I am authorized to sign this form on behalf of this condominium association, and that the information provided is true and correct.

Patricia Collier

Signature of association officer, developer or 100% sole owner of condominium project

Patricia Collier

Print Name

10/13/2016

Date

Check one only:

- ☐ President ☐ Vice - President ☒ Secretary ☐ Treasurer
☐ Developer or Developer's Agent registering for unorganized association
☐ 100% Sole Owner of Condominium Project

RECEIVED
STATE OF FLORIDA
16 OCT 17 11:32

16 OCT 17 11:32

RECEIVED

16 OCT 17 11:32